

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008979

FILED  
Mar 18, 2010  
Secretary of State

**Entity Name:** SEASIDE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESOURCE PROPERTY MANAGEMENT  
28100 US 19 N STE 205  
CLEARWATER, FL 33761

**New Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

C/O RESOURCE PROPERTY MANAGEMENT  
28100 US 19 N STE 205  
CLEARWATER, FL 33761

**New Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**FEI Number:** 40-0000555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESOURCE PROPERTY MANAGEMENT  
28100 US 19 N, SUITE 205  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

REINHARDT, DEBRA  
7300 PARK STREET  
SEMINOLE, FL 33777 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBRA REINHARDT

03/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: REA, ANGE  
Address: 152 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: DVP  
Name: MUFFS, DAVID  
Address: 148 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: DS  
Name: COOPER, CAYWOOD  
Address: 106 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: DT  
Name: CHASE, CRAIG  
Address: 126 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: D  
Name: COLBETH, DON  
Address: 130 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: D  
Name: PETRACCO, ANN  
Address: 147 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGE REA

DP

03/18/2010

Electronic Signature of Signing Officer or Director

Date